

**Massage Establishment
License Application Addendum
City of Wyoming**

Business Name _____

Applicant's Name _____

Please provide a copy of the following:

- **State Licenses for all Massage Therapists**
- **Driver's License for all Massage Therapists**
- **A scaled drawing showing the layout of the interior of the premises to be occupied by the massage establishment**

Brief history of past massage establishment experience _____

Has the applicant previously been associated with any massage establishment that had its license suspended, revoked, or denied? If so, please provide reason.

Does applicant own building? _____

If building or premise is leased, owner's name and address _____

Proposed hours of operation _____

***Please note no massage establishment shall be open between 11:00 p.m. and 6:00 a.m.**

Types of services to be offered _____

Name and address of any other massage business or establishment owned (partially or wholly) or operated by applicant or applicant's business personnel _____

Description of any other businesses to be operated on the same premises as the massage establishment or on any adjoining or nearby premises owned or controlled by the applicant's business personnel _____
